

APS SUBSTANTIATED FINDING (County Letter)

County Coordinator:

County Address:

RE: _____, Contracted Entity

We have received an Adult Protective Services (APS) Outcome Report. The initial finding of

_____ Is substantiated regarding _____

ISSUE

CLIENT'S NAME

an individual served by _____ . The incident in question

CONTRACTED ENTITY

occurred on _____ and involved _____

DATE

NAME OF PERSON OR ENTITY

It is the expectation of DDD that the county will take appropriate action to review and assess the health and safety of the clients served by the contracted entity. We are requesting that the county obtain and submit a corrective action plan to this office within 20 working days of receipt of this notice.

The plan must include:

- The steps the cited entity has taken or will be taking to immediately implement necessary action in order to protect the health and safety of _____ .
- How the agency will protect other clients in similar situations;
- Corrective actions related to the staff person(s) or entity cited by APS;
- Dates by which corrective actions will be completed (no more than 45 days);
- The title of the person responsible to ensure corrective actions completed;
- Measures the agency will take, or the systems it will change to reduce the likelihood of recurrence; and
- A monitoring plan for future performance.

DDD will respond within 10 working days after the receipt of the written corrective action plan.

If you have any questions concerning this letter please contact me at _____ .

Sincerely,

DDD Regional Quality Assurance Manager/Designee

Cc: DDD Incident Report Manager, Central Office